

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002891

FILED
Feb 26, 2009
Secretary of State

Entity Name: NAPLES PUBLIC THEATRE, INC.

Current Principal Place of Business:

2150 W CROWN POINTE BLVD D-120
NAPLES, FL 34112

New Principal Place of Business:

Current Mailing Address:

2150 W CROWN POINTE BLVD D-120
NAPLES, FL 34112

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COLUCCI, DONATO
2150 W CROWN POINTE BLVD D-120
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: COLUCCI, DONALD
Address: 2150 W CROWN POINTE BLVD D-120
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: LESTER, EDWARD H
Address: 482 MAPLEWOOD LANE
City-St-Zip: NAPLES, FL 34112

Title: D () Delete
Name: KING, MOLLY
Address: 793 WALKERBILT ROAD
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONATO COLUCCI

PRES

02/26/2009

Electronic Signature of Signing Officer or Director

Date